

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
47C State House Station
Augusta, ME 04333-0047

AUTHORIZATION TO CORRECT WAGES

Maine Employer Account Number	Employer's Name
	Employer's Address

Authorization is hereby made for an adjustment to the account for the following reasons: _____

Quarter Ending _____ (A separate form must be submitted for each quarter.)

Item	A. Amount Reported	B. Corrected Amount	C. Difference
1. Total Wages	\$	\$	\$
2. Wages in Excess of \$12,000 Per Employee	\$	\$	\$
3. Taxable Wages	\$	\$	\$
4. Contributions Tax	\$	\$	\$
5. CSSF ¹ Tax	\$	\$	\$

Contribution
Rate

%

CSSF Rate:

.05% for 2008-2009

.06% for 2010

6. Total Overpayment \$_____ (Do not reduce future tax liabilities by this credit.)

7. Total Underpayment \$_____ (Please remit payment with this report.)

> > > Make Check or Money Order Payable To: TREASURER, STATE OF MAINE < < <

8. INDIVIDUAL EMPLOYEE WAGE CORRECTIONS

Employee's Social Security Number	Name of Employee	Originally Reported		Corrected Amounts	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

Date	Signature	Title	Telephone
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QUESTIONS ABOUT THIS NOTICE?

Contact a Representative at (207) 621-5120 Fax: (207) 287-3733
TTY (Deaf / Hard of Hearing): 1-800-794-1110 E-mail address: division.uctax@Maine.gov